### Case 16-09438 Doc 1 Filed 03/18/16 Entered 03/18/16 14:57:46 Desc Main Document Page 1 of 61

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Ca	ase):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Allen First name  B. Middle name	First name  Middle name	
		Mansfield  Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	,		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1077		

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Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.  Business name(s)			
		Business name(s)				
		EINs	EINs			
5.	Where you live	809 Cambridge Dr.	If Debtor 2 lives at a different address:			
		Batavia, IL 60510  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Kane				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing	Check one:	Check one:			
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Debtor 1 Allen B. Mansfield

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Deb	Debtor 1 Allen B. Mansfield				Case number (if known)		
Par	Tell the Court About	our Bankrup	tcy Case				
7.	The chapter of the Bankruptcy Code you are choosing to file under			ription of each, see <i>Notice</i> top of page 1 and check the		342(b) for Individuals Filing for Bankruptcy	
	choosing to me under	■ Chapter	7				
		☐ Chapter	11				
		☐ Chapter	12				
		☐ Chapter	13				
8.	How you will pay the fee	■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  □ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay					
				allments (Official Form 103A		attach the Application for Individuals to Fay	
		but is r that ap	not required to, voplies to your far	waive your fee, and may do mily size and you are unable	so only if your income is to pay the fee in install	are filing for Chapter 7. By law, a judge may, s less than 150% of the official poverty line lments). If you choose this option, you must fill n 103B) and file it with your petition.	
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
	last o years.	_	istrict	Whe	า	Case number	
			istrict	Whe		Case number	
		D	istrict	Whe	າ	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
		D	ebtor			Relationship to you	
		D	istrict	Whe	າ	Case number, if known	
		D	ebtor			Relationship to you	
		D	istrict	Whe	1	_ Case number, if known	
11.	Do you rent your	■ No.	Go to line 12.				
	residence?	☐ Yes.	Has your landlo	rd obtained an eviction judg	ment against you and d	o you want to stay in your residence?	
			□ No. Go t	to line 12.			
				out <i>Initial Statement About</i> tcy petition.	an Eviction Judgment A	Against You (Form 101A) and file it with this	

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Deb	otor 1 Allen B. Mansfield			Case number (if known)	
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Propri	etor	
12.	Are you a sole proprietor				
	of any full- or part-time business?	■ No.	Go to Part 4.		
		☐ Yes.	Name and location of bu	usiness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if an	y	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code		
	it to this petition.		Check the appropriate b	ox to describe your business:	
☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				iness (as defined in 11 U.S.C. § 101(27A))	
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))	
			☐ Stockbroker (as)	defined in 11 U.S.C. § 101(53A))	
			☐ Commodity Broken	ter (as defined in 11 U.S.C. § 101(6))	
			■ None of the abor	ve	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B).		
	For a definition of small	■ No.	I am not filing under Cha	apter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to	■ No. □ Yes.	What is the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code	

Case 16-09438 Doc 1 Filed 03/18/16 Entered 03/18/16 14:57:46 Desc Main Document Page 5 of 61 Debtor 1 Allen B. Mansfield Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit ☐ I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you receive a briefing about Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check one of the following counseling agency within the 180 days before I counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have choices. If you cannot do a certificate of completion. certificate of completion. so, you are not eligible to file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. I have a mental illness or a Incapacity. I have a mental illness or a mental mental deficiency that makes deficiency that makes me incapable me incapable of realizing or of realizing or making rational making rational decisions decisions about finances. about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by

phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-09438 Doc 1 Filed 03/18/16 Entered 03/18/16 14:57:46 Desc Main Document Page 6 of 61

Debtor 1 Allen B. Mansfield				Case numbe	Case number (if known)			
Par	6: Answer These Questi	ons for Rep	orting Purposes					
16.	What kind of debts do you have?			sumer debts? Consumer debts are definal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			■ Yes. Go to line 17.					
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			Yes. Go to line 17.					
		16c. S	tate the type of debts you owe	that are not consumer debts or busines	ss debts			
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7.	Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses	<b>–</b> 163. e	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	are paid that funds will be available for distribution to unsecured creditors?		No I Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?			□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities to be?			□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion			
Par	7: Sign Below							
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
			ney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this s, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
I request relief in accordance with the chapter of title 11, United States Code, specified I understand making a false statement, concealing property, or obtaining money or probankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years 1519, and 3571.  /s/ Allen B. Mansfield				pter of title 11, United States Code, spe	cified in this petition.			
		Allen B. N Signature o	lansfield	Signature of Debtor	2			
		Executed or	March 18, 2016 MM / DD / YYYY	Executed on MM	/ DD / YYYY			

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Debtor 1 Allen B. Mansfield	d	Cas	e number (if known)
For your attorney, if you are represented by one			e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	for which the person is eligible. I also certify	that I have delivered to the applies, certify that I have r	
. 5	/s/ Kent A. Gaertner	Date	March 18, 2016
	Signature of Attorney for Debtor		MM / DD / YYYY
	Kent A. Gaertner Printed name		
	Kent A. Gaertner P.C.		
	300 S. County Farm Rd. Suite I		
	Wheaton, IL 60187  Number, Street, City, State & ZIP Code		
	Contact phone (630) 510-0000	Email address	kgaertner@springerbrown.com
	3121489		
	Bar number & State		

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Fill in this information	n to identify your case:		
United States Bankrup	otcy Court for the:		
NORTHERN DISTRIC	T OF ILLINOIS		
Case number (if known)		Chapter you are filing under:	
		Chapter 7	
		☐ Chapter 11	
		☐ Chapter 12	
		☐ Chapter 13	☐ Check if this an amended filing
The bankruptcy forms case—and in joint cas would be yes if either distinguish between to be to 1 in all of the to Be as complete and a	Petition for Individual suse you and Debtor 1 to refer to a deses, these forms use you to ask for induction debtor owns a car. When information hem. In joint cases, one of the spouse orms.	btor filing alone. A married couple may file a beometion from both debtors. For example, if a is needed about the spouses separately, the es must report information as <i>Debtor 1</i> and the ople are filing together, both are equally respond to the top of any additional pages, write you	pankruptcy case together—called a <i>joint</i> a form asks, "Do you own a car," the answ form uses <i>Debtor 1</i> and <i>Debtor 2</i> to e other as <i>Debtor 2</i> . The same person must be onsible for supplying correct information.
Part 7: Sign Below			
For you		, and I declare under penalty of perjury that the ir	•
		Chapter 7, I am aware that I may proceed, if eligstand the relief available under each chapter, and	
		and I did not pay or agree to pay someone who in read the notice required by 11 U.S.C. § 342(b)	
	I request relief in accordance	e with the chapter of title 11, United States Code,	specified in this petition.
	I understand making a false bankruptcy case can result i	statement, concealing property, or obtaining mon n fines up to \$250,000, or imprisonment for up to	ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341,

Signature of Debtor 2

MM / DD / YYYY

Executed on

Allen B. Mansfield Signature of Debtor 1

Executed on March 18, 2016

MM / DD / YYYY

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Debtor 1 Allen B. Mansfield	d	Case number (if known)		
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this pe under Chapter 7, 11, 12, or 13 of title 11, United for which the person is eligible. I also certify tha	States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter tehtor(s) the notice required by 11 U.S.C. S.	
If you are not represented by an attorney, you do not need to file this page.	342(b) and, in a case in which § 707(b)(4)(D) ap in the schedules filed with the petition is incorrec	plies, certify that I have n	no knowledge after an inquiry that the information	
	Signature of Attorney for Debtor	Date	March 18, 2016 MM / DD / YYYY	
	Kent A. Gaertner			
	Kent A. Gaertner P.C.			
	300 S. County Farm Rd. Suite I			
	Wheaton, IL 60187  Number, Street, City, State & ZIP Code	WASHINGTON TO THE		
	Contact phone (630) 510-0000	Email address	kgaertner@springerbrown.com	
	<b>3121489</b> Bar number & State			

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Fill in this infor	mation to identify your	case:			
Debtor 1	Allen B. Mansfield	1			
	First Name	Middle Name	Last Name	Med Marketter and the second and the	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	THE STATE OF THE CONTRACT CONT	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					heck if this is an
				ar	mended filing
Official Forn	n 106Dec				
		n Individual	Debtor's Sch	odulos	
Declarat	ion About a	II III UI VI UUAI	Deniol 2 301	ieuuies	12/15
If two married pe	eople are filing togethe	, both are equally respo	ensible for supplying corre	ect information.	
You must file thi	s form whenever you fi	le hankruntcy schedule	s or amended schedules	Making a false statement, conc	ealing property or
obtaining money	y or property by fraud in	n connection with a bank	kruptcy case can result in	fines up to \$250,000, or impris	onment for up to 20
years, or both. 1	8 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Sign	n Below				
			Management of the second of th		
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?	
■ No					
∐ Yes. i	Name of person			Attach Bankruptcy Petitic Declaration, and Signatu	
				200/aration, and Oignata	ve (emolar rollin 110)
Under nena	Ity of parium, I doctors	that I have read the accor	man, and ashedules filed	restate Aleia, ala ala mati an anno	
	e true apd correct.	_	mary and schedules filed	with this declaration and	
OMM	May	lesso)	v		
Allon F	B. Mansfield		X Signature of D	achtor 2	
	re of Debtor 1		Signature of D	GOIOI Z	
Dot-	M		Data		
Date _	March 18, 2016		Date		

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William Control	enda cialentos VIII de III.					
Fill in	this inforn	nation to identify your	case:			
Debto	r 1	Allen B. Mansfiel	đ			
		First Name	Middle Name	Last Name	RAMANA AND AND AND AND AND AND AND AND AND	
Debto						
(Spouse	if, filing)	First Name	Middle Name	Last Name		
United	States Bar	nkruptcy Court for the:	NORTHERN DISTR	RICT OF ILLINOIS		
Case	number					
(if knowr	1)				☐ Che	eck if this is an
	~~~~~				ame	ended filing
		<u>rm 107</u> <mark>of Financial <i>A</i></mark>	Affairs for Ind	ividuals Filing for Bankr	uptcy	12/1
	er (it knowr 2: Sign B	n). Answer every ques elow	tion.			
are true	e and corre bankruptcy	ect. I understand that	making a false staternes up to \$250,000, o	irs and any attachments, and I declare unent, concealing property, or obtaining rimprisonment for up to 20 years, or bo	money or property by	/ that the answers fraud in connection
Allan	D. Manas	0 / / / /		gnature of Debtor 2		
	B. Mansf ture of Deb		31	gnature of Debtor 2		
Ū	March 1		D:	ate		
Did you ■ No □ Yes	u attach ad	lditional pages to <i>You</i>	r Statement of Finan	cial Affairs for Individuals Filing for Bar	okruptcy (Official Form	107)?
Did you	u pay or ag	ree to pay someone v	vho is not an attorne	y to help you fill out bankruptcy forms?		
	. Name of F	Person Attach t	he <i>Bankruptcy Petitior</i>	n Preparer's Notice, Declaration, and Signa	ature (Official Form 119).	

nest nest nest seed

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Fill in this inf	formation to identify your	case:			
Debtor 1	Allen B. Mansfield	1			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name	The second secon	
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
	orm 108 ent of Intentio	n for Individu	uals Filing I	Under Chapt	<b>er 7</b> 12/15
Under penalty		have indicated my inter			secures a debt and any personal
	. Mansfield		Signature	of Debtor 2	
Signature	e of Debtor 1				
Date	March 18, 2016		Date		

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Fill in this info	rmation to identify your cas	e.
Debtor 1	Allen B. Mansfield	
Debtor 2 (Spouse, if filing)		
United States	Bankruptcy Court for the:	Northern District of Illinois
Case number (if known)		

Check one	box only	as directed	in this form	and in Form
122A-1Sup				

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

### Official Form 122A - 1

### **Chapter 7 Statement of Your Current Monthly Income**

12/15

Part 3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Allen B. Mansfield Signature of Debtor 1

Date March 18, 2016 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

In re	Allen B. Mansfield		Case N	0.
		Debtor(s)	Chapte	
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR I	DEBTOR(S)
cc	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016( ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	b), I certify that I am the attogod from the petition in bankrupte	orney for the above; y, or agreed to be p	named debtor(s) and that aid to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,500.00
	Prior to the filing of this statement I have received			1,500.00
	Balance Due			0.00
·. \$_	335.00 of the filing fee has been paid.			
. Tl	ne source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
. Th	ne source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
	I have not agreed to share the above-disclosed compe	nsation with any other perso	n unless they are me	embers and associates of my law firm
	I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name	ion with a person or persons es of the people sharing in the	who are not members compensation is a	ers or associates of my law firm. A attached.
. In	return for the above-disclosed fee, I have agreed to ren	der legal service for all aspe	cts of the bankrupto	y case, including:
b. с.	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, states Representation of the debtor at the meeting of creditor [Other provisions as needed]	ment of affairs and plan which	h may be required:	
. Ву	v agreement with the debtor(s), the above-disclosed fee	does not include the following	ng service:	
		CERTIFICATION	STATE OF THE STATE	
this bar	pertify that the foregoing is a complete statement of any analysis proceeding.	agreement or arrangement fo	r payment to me for	representation of the debtor(s) in
Dat	rch 18, 2016 'e	Kent A. Gaertne	r 3121489	
		Signature of Attorr		•
		Kent A. Gaertne 300 S. County Fa		
		Suite I	aiiii Ku.	
		Wheaton, IL 601		
		(630) 510-0000 kgaertner@sprii	Fax: (630) 510-00	004
		Name of law firm	igerbrown.com	
			The second secon	

#### United States Bankruptcy Court Northern District of Illinois

		Northern District of Illinois		
In re	Allen B. Mansfield		Case No.	
		Debtor(s)	Chapter	7
	VE	ERIFICATION OF CREDITOR MA	ATRIX	
		Number of C	Creditors:	1
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credito	rs is true and	correct to the best of my
Date:	March 18, 2016	Allen B. Mansfield Signature of Debtor	(veil)	· .

### Case 16-09438 Doc 1 Filed 03/18/16 Entered 03/18/16 14:57:46 Desc Main Document Page 16 of 61

Fill in this information to identify your case:							
Allen B. Mansfiel	d						
First Name	Middle Name	Last Name					
First Name	Middle Name	Last Name					
nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS					
				☐ Check if this is an			
				amended filing			
	Allen B. Mansfield First Name First Name	Allen B. Mansfield  First Name Middle Name  First Name Middle Name	Allen B. Mansfield  First Name Middle Name Last Name  First Name Middle Name Last Name	Allen B. Mansfield  First Name Middle Name Last Name  First Name Middle Name Last Name			

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	230,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	51,291.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	281,291.00
Paı	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	264,293.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	134,024.31
	Your total liabilities	\$	398,317.31
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,435.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,381.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other so	chedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Allen B. Mansfield Case number (if known)

3. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,569.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	To	tal claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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			s filing:				
Debtor 1	Allen B. Mansfie	eld					
	First Name	Middle N	Name	Last Name			
Debtor 2 Spouse, if filing)	First Name	Middle N	Name	Last Name			
Jnited States Bankr	uptcy Court for the:	NORTHERN	I DISTRICT OF ILLIN	IOIS			
Case number							Check if this is an amended filing
Official Form	n 106A/B						
Schedule	A/B: Prop	erty					12/15
fits best. Be as comp	olete and accurate as	possible. If two	married people are fili	asset fits in more than one ng together, both are equall ional pages, write your nan	y responsible for s	supplying corr	ect information. If
Do you own or have ☐ No. Go to Part 2.	any legal or equitabl		r Real Estate You Own residence, building, la	or Have an Interest In nd, or similar property?			
Do you own or have  No. Go to Part 2.  Yes. Where is the	any legal or equitables property?	e interest in any	residence, building, la  What is the property?	nd, or similar property?  Check all that applyome	Do not deduct s amount of any s		
Do you own or have  No. Go to Part 2.  Yes. Where is the	any legal or equitable property?	e interest in any	What is the property?  Single-family he Duplex or multi- Condominium of	nd, or similar property?  Check all that apply ome -unit building or cooperative	amount of any s	ecured claims	or exemptions. Put the on <i>Schedule D:</i> ecured by <i>Property</i> .
Do you own or have  No. Go to Part 2.  Yes. Where is the	any legal or equitable property?  ge Dr. ailable, or other description	e interest in any	what is the property? Single-family ho Duplex or multi Condominium of Manufactured of Land	nd, or similar property?  P Check all that apply ome -unit building or cooperative or mobile home	amount of any s Creditors Who h  Current value of entire property	ecured claims Have Claims Se of the Cu ? pc	on Schedule D: ecured by Property. urrent value of the ortion you own?
Do you own or have  No. Go to Part 2.  Yes. Where is the  1  809 Cambrid  Street address, if ava  Batavia	any legal or equitable property?  ge Dr. ailable, or other description	e interest in any	What is the property?  Single-family he Duplex or multice Condominium of Land  Investment property of Timeshare  Other  Who has an interest in	nd, or similar property?  P Check all that apply ome -unit building or cooperative or mobile home	amount of any s Creditors Who h  Current value of entire property \$230,0  Describe the nation (such as fee single a life estate), if	of the Current of the	on Schedule D: ecured by Property. urrent value of the
Do you own or have  No. Go to Part 2.  Yes. Where is the  1  809 Cambrid  Street address, if ava  Batavia	any legal or equitable property?  ge Dr. ailable, or other description	e interest in any	What is the property?  Single-family he Duplex or multi- Condominium of Manufactured of Land Investment property. Investment property.	nd, or similar property?  ? Check all that apply ome -unit building or cooperative or mobile home	amount of any s Creditors Who h  Current value of entire property \$230,0  Describe the na (such as fee sin	of the Current of the	on Schedule D: ecured by Property.  urrent value of the ortion you own? \$230,000.00  ownership interest

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debto	or 1	llen B. Mansfi	eld		Case number (if known)	
3. Cai	rs, vans,	trucks, tractors	, sport utility ve	hicles, motorcycles		
	do.					
<b>■</b> \						
	63					
3.1	Make:	Ford		Who has an interest in the property? Check one		claims or exemptions. Put
	Model:	Fusion		■ Debtor 1 only		red claims on Schedule D: laims Secured by Property.
	Year:	2016		Debtor 2 only	Current value of the	Current value of the
		nate mileage: ormation:	1000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
[		on: 809 Cambr	idge Dr.	☐ At least one of the debtors and another		
	Batavi	a IL 60510	14.90 211,	☐ Check if this is community property	\$37,000.00	\$37,000.00
[	Auto L	ease		(see instructions)		
	es			n for all of your entries from Part 2, includin		\$37,000.00
.pa	ges you	have attached for	or Part 2. Write	that number here	=>	\$37,000.00
Part 3:	Doscri	be Your Personal a	and Household Ito	me.		
				terest in any of the following items?		Current value of the
						portion you own? Do not deduct secured claims or exemptions.
Ex	amples: No	goods and furni Major appliances scribe		, china, kitchenware		
		Be ta	edroom set w/ ble, bookcase	ambridge Dr., Batavia IL 60510 Queen, Twin beds, leather chair, 40" \ , end tables, dinette sedt, kitchen uten nore years old.		\$1,000.00
Ex	No	Televisions and ra		eo, stereo, and digital equipment; computers, p edia players, games	rinters, scanners; music colle	ections; electronic devices
			ocation: 809 C aptop compute	ambridge Dr., Batavia IL 60510 er- 7 years old		\$500.00
Ex	amples: No	s of value Antiques and figu other collections, scribe		prints, or other artwork; books, pictures, or othe llectibles	er art objects; stamp, coin, or	baseball card collections;
		Π.	nation, enn o	ambridge Dr. Patavia II 60540		
			rints of no sigi	ambridge Dr., Batavia IL 60510 nificant value		\$50.00

Official Form 106A/B

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Debtor 1	Allen B. Man	Stield Case number (if known)	
	musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ Ye	s. Describe		
		Location: 809 Cambridge Dr., Batavia IL 60510 Various sporting goods	\$500.00
■ No □ Ye 11. <b>Clot!</b> Exal	mples: Pistols, rifles s. Describe nes mples: Everyday clo	s, shotguns, ammunition, and related equipment othes, furs, leather coats, designer wear, shoes, accessories	
■ Ye	s. Describe	Location: 809 Cambridge Dr., Batavia IL 60510 Clothing for Debtor	\$500.00
☐ No	mples: Everyday je	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g  Location: 809 Cambridge Dr., Batavia IL 60510	old, silver
		Watch	\$125.00
Exa ■ No	farm animals mples: Dogs, cats, s. Describe	birds, horses	
□ No	-	d household items you did not already list, including any health aids you did not list ormation	
		Zero Gravity Recliner perscribed for health Location: 809 Cambridge Dr., Batavia IL 60510	\$2,500.00
		of all of your entries from Part 3, including any entries for pages you have attached number here	\$5,175.00
Part 4:	Describe Your Finance	cial Assets	
Do you	own or have any l	egal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. <b>Cash</b> <i>Exa</i> □ No	mples: Money you l	nave in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	on

Official Form 106A/B Schedule A/B: Property

page 3

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D	ebtor 1 Allen B. Mar	sfield		Case number (if known)	
				Cash Location: 809 Cambridge Dr., Batavia IL 60510	\$50.00
17				counts; certificates of deposit; shares in credit unions, brokerage houses, and oth ts with the same institution, list each.	er similar
	Yes			Institution name:	
		17.1.	Checking	Chase Bank Checking account ending in 7841	\$1,500.00
		17.2.	Savings	Chase Bank savings account ending in 4559	\$1,076.00
18	Bonds, mutual funds, Examples: Bond funds,			rokerage firms, money market accounts	
	■ No □ Yes		Institution or issue	r name:	
19		ock and	interests in incorp	porated and unincorporated businesses, including an interest in an LLC, pa	rtnership,
	■ No □ Yes. Give specific inf		n about them me of entity:		
20	Negotiable instruments	include nents are	personal checks, ca those you cannot tr about them	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them.	
21	. Retirement or pension	accoun		403(b), thrift savings accounts, or other pension or profit-sharing plans	
	■ No □ Yes. List each accour	nt separa		Institution name:	
22		d deposi	its you have made s	so that you may continue service or use from a company a, public utilities (electric, gas, water), telecommunications companies, or others	
	■ Yes			Institution name or individual:	
		Rent	al deposit	Lexington Healthcare Assisted Living	\$6,490.00
23	_	or a perio	odic payment of mor	ney to you, either for life or for a number of years)	
	■ No □ Yes Is:	suer nan	ne and description.		
24	26 U.S.C. §§ 530(b)(1),			qualified ABLE program, or under a qualified state tuition program.	
	■ No □ Yes In:	stitution	name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):	
25	. Trusts, equitable or fu ■ No	ture inte	erests in property (	other than anything listed in line 1), and rights or powers exercisable for yo	ur benefit

Official Form 106A/B

Schedule A/B: Property

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De	btor 1	Allen B. Mansfield	Case number (if known)	
	□ Yes.	Give specific information about them		
		copyrights, trademarks, trade secrets, and other intellectual property es: Internet domain names, websites, proceeds from royalties and licensing a	agreements	
		Give specific information about them		
		s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative association holdings, liq	uor licenses, professional licens	ses
	☐ Yes.	Give specific information about them		
М	oney or p	roperty owed to you?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
	_	ands owed to you		
	■ No □ Yes. 0	Give specific information about them, including whether you already filed the r	returns and the tax years	
	■ No	support es: Past due or lump sum alimony, spousal support, child support, maintenal Give specific information	nce, divorce settlement, property	y settlement
		mounts someone owes you es: Unpaid wages, disability insurance payments, disability benefits, sick pay benefits; unpaid loans you made to someone else	, vacation pay, workers' compe	ensation, Social Security
	☐ Yes.	Give specific information		
		s in insurance policies es: Health, disability, or life insurance; health savings account (HSA); credit,	homeowner's, or renter's insura	nce
		lame the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
	If you a someor	rest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policie has died.	y, or are currently entitled to rec	eive property because
	■ No □ Yes.	Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or made a es: Accidents, employment disputes, insurance claims, or rights to sue	demand for payment	
	■ No □ Yes. □	Describe each claim		
		ontingent and unliquidated claims of every nature, including countercla	ims of the debtor and rights t	o set off claims
	■ No □ Yes. □	Describe each claim		
	_ `	ncial assets you did not already list		
	■ No □ Yes.	Give specific information		
36		e dollar value of all of your entries from Part 4, including any entries for	. • .	\$9,116.00

Official Form 106A/B Schedule A/B: Property page 5

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Deb	tor 1	Allen B. Mansfield		Case number (if known)	
Part	5: De	escribe Any Business-Related Property You Own or Have an Interes	st In. List any real estate	e in Part 1.	
37. <b>D</b>	o you	own or have any legal or equitable interest in any business-related	property?		
	No. G	o to Part 6.			
	Yes.	Go to line 38.			
Part		escribe Any Farm- and Commercial Fishing-Related Property You C you own or have an interest in farmland, list it in Part 1.	Own or Have an Interest	ln.	
		u own or have any legal or equitable interest in any farm.  Go to Part 7.	or commercial fishi	ng-related property?	
	`	s. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Exam	u have other property of any kind you did not already list?  ples: Season tickets, country club membership	?		
	No Yes.	. Give specific information			
54.	Add	the dollar value of all of your entries from Part 7. Write the	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part	1: Total real estate, line 2			\$230,000.00
56.	Part	2: Total vehicles, line 5	\$37,000.00		
57.	Part	3: Total personal and household items, line 15	\$5,175.00		
58.	Part	4: Total financial assets, line 36	\$9,116.00		
59.	Part	5: Total business-related property, line 45	\$0.00		
60.	Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part	7: Total other property not listed, line 54 +	\$0.00		
62.	Tota	I personal property. Add lines 56 through 61	\$51,291.00	Copy personal property total	\$51,291.00
63.	Tota	I of all property on Schedule A/B. Add line 55 + line 62			\$281,291.00

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this information to identify your case:						
Debtor 1	Allen B. Mansfield	d				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name	,		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number _					☐ Check if this is an amended filing	

### Official Form 106C

Part 1: Identify the Property You Claim as Exempt

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.	S.C. § 522(b)(3)					
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	809 Cambridge Dr. Batavia, IL 60510 Kane County	\$230,000.00		\$15,000.00	735 ILCS 5/12-901				
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2016 Ford Fusion 1000 miles Location: 809 Cambridge Dr., Batavia	\$37,000.00		\$2,400.00	735 ILCS 5/12-1001(c)				
	IL 60510 Auto Lease Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	Location: 809 Cambridge Dr., Batavia IL 60510	\$500.00		\$500.00	735 ILCS 5/12-1001(d)				
	Laptop computer- 7 years old Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit					
	Location: 809 Cambridge Dr., Batavia IL 60510	\$500.00		100%	735 ILCS 5/12-1001(a)				
	Clothing for Debtor Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit					
	Zero Gravity Recliner perscribed for health	\$2,500.00		100%	735 ILCS 5/12-1001(e)				
	Location: 809 Cambridge Dr., Batavia IL 60510			100% of fair market value, up to any applicable statutory limit					

Line from Schedule A/B: 14.1

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ef description of the property and line on needule A/B that lists this property  ecking: Chase Bank Checking count ending in 7841 e from Schedule A/B: 17.1	Current value of the portion you own  Copy the value from Schedule A/B  \$1,500.00		ount of the exemption you claim eck only one box for each exemption. \$1,500.00	Specific laws that allow exemption 735 ILCS 5/12-1001(b)
count ending in 7841	Schedule A/B	Che	,	735 ILCS 5/12-1001(b)
count ending in 7841	\$1,500.00		\$1,500.00	735 ILCS 5/12-1001(b)
•				
			100% of fair market value, up to any applicable statutory limit	
vings: Chase Bank savings	\$1,076.00		\$1,076.00	735 ILCS 5/12-1001(b)
e from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
•	\$6,490.00		\$1,424.00	735 ILCS 5/12-1001(b)
e from Schedule A/B: 22.1			100% of fair market value, up to any applicable statutory limit	
bject to adjustment on 4/01/16 and every No	3 years after that for ca	ases f	ŕ	,
	e from Schedule A/B: 17.2  ntal deposit: Lexington Healthcare sisted Living e from Schedule A/B: 22.1  e you claiming a homestead exemption bject to adjustment on 4/01/16 and every No  Yes. Did you acquire the property covered.	count ending in 4559 e from Schedule A/B: 17.2  ntal deposit: Lexington Healthcare sisted Living e from Schedule A/B: 22.1  e you claiming a homestead exemption of more than \$155,67 bject to adjustment on 4/01/16 and every 3 years after that for control No  Yes. Did you acquire the property covered by the exemption we	e from Schedule A/B: 17.2  Intal deposit: Lexington Healthcare sisted Living e from Schedule A/B: 22.1  E you claiming a homestead exemption of more than \$155,675? bject to adjustment on 4/01/16 and every 3 years after that for cases in No  Yes. Did you acquire the property covered by the exemption within 1	toount ending in 4559 the from Schedule A/B: 17.2  Intal deposit: Lexington Healthcare sisted Living the from Schedule A/B: 22.1  Intelligence fro

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Fill in this inform	ation to identify you	ır case:			
Debtor 1	Allen B. Mansfie	eld			
	First Name	Middle Name Last Name		-	
Debtor 2	First Name	Middle News		-	
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		-	
Case number					
(if known)				☐ Check	if this is an
				amend	led filing
00000	400D				
Official Form					
Schedule [	D: Creditors	Who Have Claims Secure	d by Propert	у	12/15
		two married people are filing together, both are equ number the entries, and attach it to this form. On the			
1. Do any creditors h	ave claims secured by	your property?			
☐ No. Check t	this box and submit th	his form to the court with your other schedules. '	You have nothing else	to report on this form.	
■ Yes. Fill in a	all of the information I	below.			
Part 1: List All	Secured Claims				
		ore than one secured claim, list the creditor separately	for Column A	Column B	Column C
each claim. If more th	han one creditor has a pa	articular claim, list the other creditors in Part 2. As much er according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Ford Motor	r Credit	Describe the property that secures the claim:	value of collateral. \$35,433.00	claim \$37,000.00	If any <b>\$0.00</b>
Creditor's Name		2016 Ford Fusion 1000 miles Location: 809 Cambridge Dr., Batavia IL 60510 Auto Lease			
P.O. Box 7	90093	As of the date you file, the claim is: Check all that			
	s, MO 63179	apply.  Contingent			
	City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the deb	t? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or sec car loan)	cured		
Debtor 2 only					
Debtor 1 and Deb	tor 2 only debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
☐ Check if this clai		Judgment lien from a lawsuit  Other (including a right to effect)  Auto Leas	e		
community debt		Other (including a right to offset)			
Date debt was incur	red <u>1/2016</u>	Last 4 digits of account number 8253			
2.2 Nationstar	Mortgago	Describe the property that secures the claim:	\$228,860.00	\$230,000.00	\$0.00
2.2 Nationstar Creditor's Name	Mortgage	809 Cambridge Dr. Batavia, IL 60510 Kane County	φ220,000.00	φ230,000.00	<del>00.00</del>
D.O. D	40000	As of the date you file, the claim is: Check all that			
P.O. Box 6	19063 75261-9063	apply.			
	City, State & Zip Code	☐ Contingent ☐ Unliquidated			
rumbor, ou cot, c	ony, onto a zip oode	☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only		car loan)			
Debtor 1 and Deb	•	Statutory lien (such as tax lien, mechanic's lien)			
_	e debtors and another	Judgment lien from a lawsuit			
☐ Check if this clai community debt		Other (including a right to offset)  First Morte	gage		
Date debt was incur	red <b>2003</b>	Last 4 digits of account number 7594			

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Debtor 1	Allen B. M	ansfield		Case number (if know)		
	First Name	Middle Name	Last Name			
Add the	dollar value of	your entries in Column A on th	is page. Write that numb	per here: \$264,293.00		
	the last page o at number here	of your form, add the dollar valu ::	e totals from all pages.	\$264,293.00		
Part 2:	List Others to	o Be Notified for a Debt Th	at You Already Listed	ĺ		
to collect	from you for a	debt you owe to someone else, bts that you listed in Part 1, list	list the creditor in Part 1	debt that you already listed in Part 1. For exan I, and then list the collection agency here. Sim here. If you do not have additional persons to	nilarly, if you have more than one	
Na	ame Address	<b>S</b>				
-N	ONE-		C	On which line in Part 1 did you enter the creditor?		
			L	ast 4 digits of account number		

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			20		ago =o	3. <b>3</b>		
Fill in t	this informa	ation to identify your	case:					
Debtor	1	Allen B. Mansfield	1					
200101	•	First Name	Middle Na	me	Last Name			
Debtor (Spouse i		First Name	Middle Na	me	Last Name			
United	States Bank	ruptcy Court for the:	NORTHERN	DISTRICT OF IL	LINOIS			
Case n				-				Check if this is an amended filing
Offici	al Form	106F/F						
		F: Creditors W	ho Have	Unsecured	Claims			12/15
						art 2 for creditors with NONP	DIODITY -I-	
Schedule D: Credit the Cont	e G: Executor tors Who Hav inuation Page (if known).	ry Contracts and Unexpire Claims Secured by Pro	red Leases (Offi operty. If more s e no informatior	cial Form 106G). Do pace is needed, co n to report in a Part	o not include a py the Part you	ntracts on Schedule A/B: Pro ny creditors with partially sed I need, fill it out, number the It Part. On the top of any addi	ured claims entries in th	s that are listed in Schedule e boxes on the left. Attach
_	•	have priority unsecured	Ciairis agairist	you r				
_	No. Go to Part	t 2.						
	Yes.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims				
3. Do	any creditors	have nonpriority unsecu	ured claims agai	inst you?				
	No. You have	nothing to report in this pa	rt. Submit this fo	rm to the court with y	our other scheo	dules.		
■,	Yes.							
claii	m, list the cred	litor separately for each cla	aim. For each cla	im listed, identify wh	at type of claim	nolds each claim. If a creditor it is. Do not list claims already priority unsecured claims fill out	included in P	Part 1. If more than one
								Total claim
4.1	American			Last 4 digits of acc	ount number	2004		\$9,238.00
	Nonpriority C <b>P.O. Box</b>	creditor's Name	,	When was the debt	incurred?	1973 to date		
	Los Ange	eles, CA 90096 et City State Zlp Code		As of the date you f	file, the claim is	s: Check all that apply		_
	Who incurre	ed the debt? Check one.		☐ Contingent				
	Debtor 1	only		☐ Unliquidated				
	Debtor 2	•		☐ Disputed				
	Debtor 1	and Debtor 2 only	•	Type of NONPRIOR	ITY unsecured	l claim:		
	☐ At least o	ne of the debtors and ano	ther	☐ Student loans				
		this claim is for a comm subject to offset?		report as priority clai	ms	ration agreement or divorce tha	•	
	■ No			Debts to pension	or profit-sharing	g plans, and other similar debts		
	☐ Yes			Other. Specify	Credit card	purchases		
				· -				<del></del>

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Debto	Allen B. Mansfield		Case number (if know)				
4.2	Capital One Nonpriority Creditor's Name P.O. Box 30285	Last 4 digits of account number When was the debt incurred?	1269 2000 to 2006	\$24,916.00			
	Salt Lake City, UT 84130-0285  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure	d claim:				
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt  Is the claim subject to offset?	Student loans	aration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharing					
	Yes	Other. Specify Credit card	I purchases				
4.3	Chase	Last 4 digits of account number	7090	\$1,918.00			
	Nonpriority Creditor's Name P.O. Box 15123 Wilmington DE 10850 5123	When was the debt incurred?	1990 to date				
	Wilmington, DE 19850-5123  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.  Debtor 1 only	☐ Contingent☐ Unliquidated					
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit card	g plans, and other similar debts  I purchases				
4.4	Chase Nonpriority Creditor's Name	Last 4 digits of account number	3761	\$14,299.00			
	P. O. Box 15123 Wilmington, DE 19850-5123	When was the debt incurred?	1990 to 2006				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	☐ Unliquidated					
	Debtor 2 only	☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure					
	At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	☐ Debts to pension or profit-sharin	•				
	Yes	Other. Specify Credit card	I purchases				

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Debte	or 1 Allen B. Mansfield		Case number (if know)				
4.5	Chase Nonpriority Creditor's Name	Last 4 digits of account number	1875	\$5,483.00			
	P. O. Box 15123 Wilmington, DE 19850-5123	When was the debt incurred?	1990 to date				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	■ Debtor 1 only	☐ Unliquidated					
	Debtor 2 only	☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:				
	☐ At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Credit card	l purchases				
4.6	Chase	Last 4 digits of account number	1803	\$1,605.31			
	Nonpriority Creditor's Name P.O. Box 9001020	When was the debt incurred?	1993 to date				
	Louisville, KY 40290-1020  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	<u>_</u>					
	■ Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:				
	☐ At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	■ Other. Specify Line of Cre	edit				
4.7	Chase	Last 4 digits of account number	5981	\$6,532.00			
	Nonpriority Creditor's Name P. O. Box 15123	When was the debt incurred?	1990 to date				
	Wilmington, DE 19850-5123  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	☐ Unliquidated ☐ Disputed					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure					
	At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit card	l purchases				

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Debtor	1 Allen B. Mansfield		Case number (if know)			
4.8	Chase Nonpriority Creditor's Name	Last 4 digits of account number	3366	\$2,576.00		
	P. O. Box 15123	When was the debt incurred?	1990 to date			
	Wilmington, DE 19850-5123					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	l claim:			
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Credit card	purchases			
4.9	Citi	Last 4 digits of account number	9915	\$3,200.00		
	Nonpriority Creditor's Name P.O. Box 6500	When was the debt incurred?	1979 to date			
	Sioux Falls, SD 57117	when was the debt incurred?	1979 to date			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	I claim:			
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	-sharing plans, and other similar debts			
	Yes	■ Other. Specify Credit card				
4.10	Discover	Last 4 digits of account number	1525	\$13,324.00		
	Nonpriority Creditor's Name			· · · · · · · · · · · · · · · · · · ·		
	P.O. Box 6103	When was the debt incurred?	1988 to date			
	Carol Stream, IL 60197-6103  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	-				
	Debtor 1 only	Contingent				
	☐ Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed	I alaim.			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	ı cıaım:			
	☐ Check if this claim is for a community debt		and the second s			
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Credit card				
	<b>—</b> 103	Other. Specify	paronasos			

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Debto	r 1 Allen B. Mansfield		Case number (if know)	
4.11	Peter and Sharon Gelbwaks  Nonpriority Creditor's Name	Last 4 digits of account number		\$45,438.00
	397 Fan Palm Way Plantation, FL 33324	When was the debt incurred?	2012	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Deficiancy	on real estate short sale	
4.12	Synchony Bank/Care Credit	Last 4 digits of account number	5436	\$1,329.00
	Nonpriority Creditor's Name P.O. Box 960061 Orlando, FL 32896	When was the debt incurred?	2015 to 2016	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical		
4.13	Wells Fargo	Last 4 digits of account number	5506	\$4,166.00
	Nonpriority Creditor's Name P.O. Box 660553	When was the debt incurred?	1990 to date	
	Dallas, TX 75266  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	-	is. Official that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another	☐ Student loans	d Gain.	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Medical/ C	Predit card	
Part 3	List Others to Be Notified About a Debt	That You Already Listed		
trying more	his page only if you have others to be notified abou g to collect from you for a debt you owe to someon than one creditor for any of the debts that you list debts in Parts 1 or 2, do not fill out or submit this p	e else, list the original creditor in Pa ed in Parts 1 or 2, list the additional	arts 1 or 2, then list the collection agency here.	Similarly, if you have
Name a			ulist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	ıs
		est 4 digits of account number	Tare 2. Ordanors with Horipholity Oriseculed Oldin	

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1	Allen B. Mansfield	Case number (if know)	
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6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claim

				i Otai Ci	21111
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	·	
	ou.	Other. Add all other priority dissecuted daints. Write that amount here.	ou.	Ф	0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	134,024.31
	6j.	Total. Add lines 6f through 6i.	6j.	\$	134,024.31

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Allen B. Mansfield			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Ford Motor Credit P.O. Box 790093 Saint Louis, MO 63179	Lease of 2016 Ford Fusion
2.2	Lexinton Healthcare Assisted Living 555 Foxworth Blvd. Lombard, IL 60148	Debtor recently entered into a contrct for assisted living services with Lexington

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		2004	it i ago oo oi o	· <b>-</b>	
Fill in thi	s information to identify your	case:			
Debtor 1	Allen B. Mansfiel	d			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, f	ling) First Name	Middle Name	Last Name		
' '	-				
United St	ates Bankruptcy Court for the:	NORTHERN DISTRIC	I OF ILLINOIS		
Case nur	nber				
(if known)					☐ Check if this is an
					amended filing
Officia	al Form 106H				
	dule H: Your Cod	ebtors			12/15
000	<u> </u>				12/13
fill it out, your nam	e filing together, both are equand number the entries in the eand case number (if known) by you have any codebtors? (If	e boxes on the left. Attac ). Answer every questio	ch the Additional Page to n.	o this page. On the top o	ded, copy the Additional Page, f any Additional Pages, write
■ No					
— N.					
0.14/	thin the least Occasion have con-			• • • • • • • • • • • • • • • • • • • •	ata a and tandanta da a bada
	thin the last 8 years, have you na, California, Idaho, Louisiana				ates and territories include
_				,	
	o. Go to line 3.		''I		
Ll Y€	es. Did your spouse, former spo	use, or legal equivalent li	ve with you at the time?		
in lir Forn		if that person is a guara	intor or cosigner. Make	sure you have listed the	rith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor Check all schedules the	or to whom you owe the debt at apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
				_	
3.2	Name			Schedule D, line	
				☐ Schedule E/F, line ☐ Schedule G, line ☐	
	Number			- Ochloddie O, iiile	
	Number Street City	State	ZIP Code		
	•				

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Fill	in this information to identify your	case:					
Del	tor 1 Allen B. Mansfield						
	btor 2 puse, if filing)						
Uni	ited States Bankruptcy Court for the	ne: NORTHERN DISTRIC	CT OF ILLINOIS				
(If ki	se number nown)		-	Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:			
0	fficial Form 106l			MM / DD/ YYYY			
S	chedule I: Your Ind	come		12/15			
sup spo atta Pa	plying correct information. If you are separated and you have a separated and you have a separate sheet to this form the separate because the separate sheet to this form the separate because the separate sheet to this form the separate because the separate sheet to this form the separate because the separate sheet sh	ou are married and not fili our spouse is not filing w n. On the top of any additi	ing jointly, and your spouse is livith you, do not include informati	and Debtor 2), both are equally responsible for ring with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question.			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed	☐ Employed			
	attach a separate page with information about additional		☐ Not employed	☐ Not employed			
	employers.	Occupation	Accountant				
	Include part-time, seasonal, or self-employed work.	Employer's name	AOG Aviation Spares, Inc.				
	Occupation may include studen or homemaker, if it applies.	t Employer's address	114 Kirkland Cr. Oswego, IL 60543				
		How long employed t	here? 3 yrs				
Pai	Part 2: Give Details About Monthly Income						
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to report for any	line, write \$0 in the space. Include your non-filing			
	ou or your non-filing spouse have re space, attach a separate sheet		ombine the information for all empl	oyers for that person on the lines below. If you need			
				For Debtor 1 For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, sa deductions). If not paid monthly			2,631.00 \$ N/A			

0.00

2,631.00

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Debto	or 1	Allen B. Mansti	ela			Case n	umber (if kno	wn)				
						For I	Debtor 1			Debtor :		
	Con	y line 4 here			4.	\$	2,631.	00	non \$	-filing s	pouse N/A	
	·					Ψ	2,001		Ψ_		13/73	<u> </u>
5.	List	all payroll deduct										
	5a.		and Social Security deductions		5a.	\$	580.		\$		N/A	_
	5b.	•	ributions for retirement plans		5b.	\$		00	\$_		N/A	_
	5c. 5d.	•	ibutions for retirement plans ments of retirement fund loans		5c. 5d.	\$ \$		00	\$_ \$		N/A N/A	_
	5e.	Insurance	ments of retirement rund loans		5e.	\$—		00	\$ 		N/A	_
	5f.	Domestic suppo	ort obligations		5f.	\$_		00	\$-		N/A	_
	5g.	Union dues	3		5g.	\$		00	\$		N/A	_
	5h.	Other deduction	ns. Specify:		5h.+	\$		00	+ \$		N/A	
6.	Add	the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5	5e+5f+5g+5h.	6.	\$	584.	00	\$		N/A	<u>\</u>
7.	Calc	ulate total month	ly take-home pay. Subtract line 6	6 from line 4.	7.	\$	2,047.	00	\$		N/A	<u>\</u>
	List 8a.	Net income from profession, or fa Attach a statemen receipts, ordinary	ent for each property and business and necessary business expense	showing gross	0-	•	1 000		•		<b>.</b>	
	O.L.	monthly net inco			8a.	\$	1,300.		\$_		N/A	_
	8b. 8c.	Interest and div	idends payments that you, a non-filing	enouse or a dependent	8b.	\$	U.	00	\$		N/A	<u>\</u>
	8d. 8e. 8f.	regularly received include alimony, settlement, and pure Unemployment Social Security Other government include cash assumed that you receive,	e spousal support, child support, moroperty settlement.	aintenance, divorce  y receive of any non-cash assistance der the Supplemental	8c. 8d. 8e.	\$ \$ \$	2,088.	00 00 00	\$_ \$_ \$_		N/A N/A N/A	<u>1</u> <u>1</u>
	8g.	Pension or retir	ement income		8g.	\$—		00	\$ _		N/A	_
	8h.	Other monthly i			8h.+	· -		00			N/A	_
		-			-							_
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8	8g+8h.	9.	\$	3,388.	00	\$_		N/	Α
		•	ome. Add line 7 + line 9.		0. \$	5	,435.00	+ \$_		N/A	= \$ _	5,435.00
	Incluothe	de contributions from the contributions from the contribution from	contributions to the expenses om an unmarried partner, members. bunts already included in lines 2-1	rs of your household, your o	deper				•	S <i>chedule</i> 11.		0.00
		e that amount on th	e last column of line 10 to the and e Summary of Schedules and Sta							e. 12.	\$	5,435.00
										L	Combi	
13.	Do y □	ou expect an incr	rease or decrease within the yea	ar after you file this form?							month	ly income
	_	Yes. Explain:	Debtoer will be moving into as much,	an assisted living fac	ility	for he	alth reaso	ons	and w	vill not	be abl	e to work

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	tor 1 Allen B. Mansfield		Ch	eck if this is:	
	tor 2			A supplement s	ng howing postpetition chapter of the following date:
		210			
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINC	DIS		MM / DD / YYY	Y
	e number nown)				
O	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this finder (if known). Answer every question.				
Par					
1.	Is this a joint case?				
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?  ☐ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	hold of D	ebtor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				□ Yes □ No
					☐ Yes
					□ No
					Yes
					□ No □ Yes
3.	Do your expenses include ■ No				Lifes
	expenses of people other than yourself and your dependents?				
Par					<u> </u>
exp	imate your expenses as of your bankruptcy filing date unless yo enses as of a date after the bankruptcy is filed. If this is a suppl blicable date.				
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Yoficial Form 106I.)	•		Your e	expenses
(0)	nciai Form 100i.)			10410	жропоос
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4.	\$	1,249.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	540.00
	4b. Property, homeowner's, or renter's insurance		4b.	\$	198.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$	100.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as homeometrical payments.</li> </ul>	ne equity loans	4d. 5.	\$ \$	286.00 0.00

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Deb	tor 1 Allen B.	Mansfield	Case num	ber (if known)	
6.	Utilities:				
J.		, heat, natural gas	6a.	\$	200.00
		ewer, garbage collection	6b.	· -	75.00
	•	e, cell phone, Internet, satellite, and cable services	6c.	·	412.00
	6d. Other. Sp		6d.	·	0.00
, .		sekeeping supplies	7.	·	500.00
3.		children's education costs	8.	\$	0.00
). ).		dry, and dry cleaning	9.	\$	150.00
	_	products and services	10.	\$	
			11.	· ·	50.00
		•	11.	Φ	150.00
۷.	Do not include of	. Include gas, maintenance, bus or train fare.	12.	\$	250.00
3		clubs, recreation, newspapers, magazines, and books	13.		50.00
		tributions and religious donations	14.	·	25.00
	Insurance.	and rengious donations	14.	Ψ	23.00
J.		nsurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insur		15a.	\$	0.00
	15b. Health ins		15a.		274.00
	15c. Vehicle in		15b.	·	150.00
			15d.	·	
6	15d. Other ins			Ψ	0.00
0.	Specify Tave	nclude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	260.00
7		lease payments:		*	
٠.		ents for Vehicle 1	17a.	\$	462.00
	' '	ents for Vehicle 2	17b.	·	0.00
	17c. Other. Sp		17c.	· -	0.00
	17d. Other. Sp		17d.	·	0.00
Ω		s of alimony, maintenance, and support that you did not report a		Ψ	0.00
0.		your pay on line 5, Schedule I, Your Income (Official Form 106I)		\$	0.00
9.		s you make to support others who do not live with you.	/ <del>-</del>	\$	0.00
	Specify:		19.		
0.	· · ·	perty expenses not included in lines 4 or 5 of this form or on Sci	hedule I: Y	our Income.	
		s on other property	20a.		0.00
	20b. Real esta		20b.	\$	0.00
		homeowner's, or renter's insurance	20c.	·	0.00
		nce, repair, and upkeep expenses	20d.		0.00
		ner's association or condominium dues	20a. 20e.	·	0.00
)1	Other: Specify:	ioi o acconation of condominatin auco		φ +\$	
. 1 .	onler. Specify:			тф	0.00
22.	Calculate your	monthly expenses			
	22a. Add lines 4			\$	5,381.00
	22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	<u>)</u>	\$	· · · · · · · · · · · · · · · · · · ·
		2a and 22b. The result is your monthly expenses.		· ———	5,381.00
	220. Add III 6 22	La ana 225. The result is your monthly expenses.		<b>&gt;</b>	3,301.00
23.	•	monthly net income.			
		12 (your combined monthly income) from Schedule I.	23a.	\$	5,435.00
	23b. Copy you	r monthly expenses from line 22c above.	23b.	-\$	5,381.00
	00 0 1	an entre			
		your monthly expenses from your monthly income.	23c.	\$	54.00
	i ne resul	t is your monthly net income.	200.		0 1100
24	Do you expect	an increase or decrease in your expenses within the year after y	vou file this	s form?	
		ou expect to finish paying for your car loan within the year or do you expect your			r decrease because of a
		terms of your mortgage?	- 3-3- PC	,	
	■ No.				
	☐ Yes.	Explain here:			
	<b>□</b> 165.	Explain note.			

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Fill in this inform	nation to identify you	r case:			Ī		
Debtor 1	Allen B. Mansfie						
Debior 1	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the:	NORTHERN DISTR	ICT OF ILLINOIS				
Case number							
(if known)					☐ Check if this is an amended filing		
Official Form	n 106Dec						
<b>Declarati</b>	ion About	an Individua	al Debtor's	Schedules	12/15		
If two married pe	ople are filing togeth	er, both are equally re	sponsible for suppl	ying correct information.			
obtaining money		in connection with a b			atement, concealing property, or ,000, or imprisonment for up to 20		
Sign	Below						
Did you pay	or agree to pay som	eone who is NOT an a	ttorney to help you	fill out bankruptcy forms?			
■ No							
☐ Yes. N	☐ Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)						
	ty of perjury, I declar true and correct.	e that I have read the s	summary and sched	ules filed with this declara	ation and		
X /s/ Aller	n B. Mansfield		Х				
Allen B	. Mansfield e of Debtor 1			ature of Debtor 2			

Date March 18, 2016

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		mation to identify you										
De	btor 1	Allen B. Mansfie	Middle Name	Last Name								
De	btor 2											
(Sp	ouse if, filing)	First Name	Middle Name	Last Name								
Un	ited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT (	OF ILLINOIS								
Ca	se number											
(if k	nown)					Check if this is an						
						amended filing						
_	··· · · -	407										
	ficial Fo											
St	atement	of Financial	Affairs for Individ	luals Filing for B	ankruptcy	12/15						
					e equally responsible for su ny additional pages, write yo							
		n). Answer every que		this form. On the top of an	iy additional pages, write yo	our name and case						
Pa	rt 1: Give	Details About Your Ma	arital Status and Where You	ı Lived Before								
1.	wnat is you	ır current marital statı	JS ?									
	☐ Married	i										
	■ Not ma	rried										
2.	During the	During the last 3 years, have you lived anywhere other than where you live now?										
	■ No											
	_	st all of the places you	lived in the last 3 years. Do n	ot include where you live nov	N.							
		, ,	·	•		Datas Dahtan 2						
	Deptor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	iaress:	Dates Debtor 2 lived there						
<b>3.</b> stat					nity property state or territo tico, Texas, Washington and							
	■ No											
	☐ Yes. M	ake sure you fill out Sc	hedule H: Your Codebtors (O	fficial Form 106H).								
Pa	rt 2 Expla	in the Sources of You	ır Income									
4.	Fill in the tot	al amount of income yo	mployment or from operating our received from all jobs and a have income that you receive	all businesses, including part		endar years?						
	□ No											
	Yes. Fi	II in the details.										
			Debtor 1		Debtor 2							
			Sources of income	Gross income	Sources of income	Gross income						
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)						
		of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$9,550.00	☐ Wages, commissions, bonuses, tips							
			Operating a business		☐ Operating a business							

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Case number (if known)

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last calen inuary 1 to	dar year: December :	31, 2015 )	■ Wages, commissions, bonuses, tips	\$36,169.00	☐ Wages, combonuses, tips	nmissions,	
				Operating a business		☐ Operating a	business	
		dar year bet December 3		■ Wages, commissions, bonuses, tips	\$25,609.00	☐ Wages, combonuses, tips	nmissions,	
				Operating a business		☐ Operating a	business	
	unemploy gambling :  List each :	ment, and ot and lottery w	her public be vinnings. If yo he gross inco	enefit payments; pensions; re ou are filing a joint case and y	camples of other income are a sental income; interest; dividen you have income that you rectately. Do not include income	ds; money collection eived together, lis	ed from laws	suits; royalties; and
				Debtor 1		Debtor 2		
				Sources of income Describe below	Gross income (before deductions and exclusions)	Sources of inconstruction Describe below		Gross income (before deductions and exclusions)
		/ 1 of currer iled for ban	nt year until kruptcy:	Social Security Benefits	\$6,264.00			
	r last calen nuary 1 to	dar year: December :	31, 2015 )	Social Security Benefits	\$27,131.00			
		dar year bef December :		Social Security Benefits	\$26,735.00			
				Made Before You Filed for	• •			
6.	Are either  ☐ No.	Neither De	btor 1 nor D	's debts primarily consume Debtor 2 has primarily cons personal, family, or househo	umer debts. Consumer debt	s are defined in 11	I U.S.C. § 1	01(8) as "incurred by ar
		During the No.	90 days befo		lid you pay any creditor a tota	l of \$6,225* or mo	ore?	
		□ Yes	List below e	each creditor to whom you pa editor. Do not include payme	aid a total of \$6,225* or more ents for domestic support obliq			
		* Subject t		payments to an attorney for t t on 4/01/16 and every 3 yea	this bankruptcy case. rs after that for cases filed or	or after the date	of adjustme	nt.
	■ Yes.			or both have primarily consore you filed for bankruptcy, d	umer debts. lid you pay any creditor a tota	l of \$600 or more	?	
		□ No.	Go to line 7					
		■ Yes	include pay		aid a total of \$600 or more an obligations, such as child sup			
	Creditor'	s Name and	l Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this	payment for
					•			

Debtor 1 Allen B. Mansfield

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Case number (if known)

Amount you Creditor's Name and Address **Total amount** Was this payment for ... Dates of payment paid still owe **Nationstar Mortgage** Monthly mortgage \$2,498.00 \$1,249.00 Mortgage See Sch. D payment for □ Car Jan/Fewb. 2016 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other\_\_ **Ford Motor Credit** \$1,386.00 \$0.00 Monthly Jan/ ☐ Mortgage P.O. Box 790093 March 2016 ■ Car Saint Louis, MO 63179 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No Yes. Fill in the information below. **Creditor Name and Address** Describe the Property **Date** Value of the property Explain what happened

Debtor 1

Allen B. Mansfield

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Case number (if known)

11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.								
	Creditor Name and Address	De	scribe the action the creditor took	Date action was taken	Amount				
12.	Within 1 year before you filed for banks court-appointed receiver, a custodian,  ■ No □ Yes		as any of your property in the possession of a er official?	n assignee for the ben	efit of creditors, a				
Par	t 5: List Certain Gifts and Contribution	ons							
13.	Within 2 years before you filed for bank  ■ No □ Yes. Fill in the details for each gift.	kruptcy, (	did you give any gifts with a total value of more	e than \$600 per person	?				
	Gifts with a total value of more than \$ per person  Person to Whom You Gave the Gift an		Describe the gifts	Dates you gave the gifts	Value				
	Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity  No Yes. Fill in the details for each gift or contribution.								
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co		Describe what you contributed	Dates you contributed	Value				
Par	t 6: List Certain Losses								
15.	Within 1 year before you filed for banks disaster, or gambling?  No Yes. Fill in the details.	ruptcy or	since you filed for bankruptcy, did you lose ar	nything because of the	ft, fire, other				
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List g insurance claims on line 33 of Schedule A/B:	ne amount that insurance has paid. List nsurance claims on line 33 of Schedule A/B:					
	Prior auto which was in an accident	•	1000 deductable on repairs	2015	\$1,000.00				
Par	List Certain Payments or Transfe	ers							
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.								
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	: You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

Debtor 1 Allen B. Mansfield

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Debtor 1 Allen B. Mansfield Case number (if known)

300 S. County Farm Rd. Suite 1 Wheaton, IL 60187 kgaertner@springerbrown.com  17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone wipromised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.    No		Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value transferred	Description and value of any property transferred		Date payment or transfer was made	Amount of payment			
Do not include any payment or transfer that you listed on line 16.    No		300 S. County Farm Rd. Suite I Wheaton, IL 60187	Attorney Fees			3/14/16	\$1,835.00			
Yes. Fill in the details.	17.	promised to help you deal with your creditors	or to make payment			or transfer any propo	erty to anyone who			
Person Who Was Paid Address  Description and value of any property transfer was made  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.  Person Who Received Transfer Address  Person's relationship to you  Lexington Healthcare Assisted Living 555 Foxworth Blvd.  Lombard, IL 60148  None  Security (such as initial deposit for entrance)  \$6,490.00 transferred to Lexington as initial deposit or entrance of the contract for assisted living services and will receive the benefit of that contract upon payment of the balance of the contract upon payment of the balance of the contract devices.)  No  Security interest or mortgage on your property. Do not include the property or payments received or debts paid in exchange  Describe any property or payments received or debts paid in exchange  March 8, 201 and in exchange  March 8, 201		_ 140								
Address transferred or transfer was made  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.    No   Yes, Fill in the details.    Person Who Received Transfer   Description and value of property transferred   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts paid in exchange   Describe any property or payments received or debts   Describe a										
transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Address Person's relationship to you Lexington Healthcare Assisted Living 555 Foxworth Blvd. Lombard, IL 60148 None  \$6,490.00 transferred to Lexington as initial deposit for entrance  \$6,490.00 transferred to Lexington as initial deposit for entrance  \$6,490.00 transferred to Lexington as initial deposit for entrance  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfer made  Part 8:  List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clossold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokel houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument before closin for transfer and counts transfer tra				alue of any prope	erty	or transfer was	Amount of payment			
Person Who Received Transfer Address  Person's relationship to you  Lexington Healthcare Assisted Living 555 Foxworth Blvd.  Lombard, IL 60148  None  Within 10 years before you filed for bankruptcy, did you transfer any property transferred beneficiary? (These are often called asset-protection devices.)  Name of trust  Description and value of property transferred to Lexington as initial deposit for entrance of the contract for assisted living services and will receive the benefit of that contract upon payment of the balance of the contract amount.  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  No  Description and value of the property transferred  Date Transfer made  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP  Address (Number, Street, City, State and ZIP  Last 4 digits of account or instrument closed, sold, moved, or first transfer transfer transfer transfer in the payment of the batter and payment of the property transferred to a color of the contract of the payment of the batter of the contract of the cont	transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Dinclude gifts and transfers that you have already listed on this statement.									
Address Person's relationship to you Lexington Healthcare Assisted Living 555 Foxworth Blvd. Lombard, IL 60148  None  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.)  Name of trust  Description and value of the property transferred  Date Transfer made  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clossoid, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokel houses, pension funds, cooperatives, associations, and other financial institutions.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument before your filed for bankruptcy.  Date account was closed, sold, moved, or transferred?  Type of account or instrument before your filed for bankruptcy.  Date account was closed, sold, moved, or transferred?  Type of account or instrument before your filed for bankruptcy.  Date account was closed, sold, moved, or transferred?  Type of account or instrument before your filed for bankruptcy.  Date account was closed, sold, moved, or transferred?		Yes. Fill in the details.								
Lexington Healthcare Assisted Living \$5,490.00 transferred to Lexington as initial deposit for entrance		Address	•		payments	received or debts	Date transfer was made			
beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date Transfer made  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred.		Lexington Healthcare Assisted Living 555 Foxworth Blvd. Lombard, IL 60148	Lexington as in		a contractiving service to that contraction payment	ct for assisted rvices and will he benefit of ract upon of the balance	March 8, 2016			
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clossold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken houses, pension funds, cooperatives, associations, and other financial institutions.  ■ No □ Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument closed, sold, moved, or transferred  Date Transferred  Date Transferred  Type of account or instrument closed, sold, moved, or transferred  Date account was closed, sold, moved, or transferred	19.	<b>beneficiary?</b> (These are often called asset-prote		ny property to a se	elf-settled tru	ust or similar device	e of which you are a			
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closs sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account numb		☐ Yes. Fill in the details.								
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closs sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken houses, pension funds, cooperatives, associations, and other financial institutions.  ■ No  ■ Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument closed, sold, moved, or transfer the company of the count or transfer the count or trans		Name of trust	Description and v	alue of the prope	rty transferr	ed	Date Transfer was made			
sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument closed, sold, moved, or transferred?  Type of account or instrument closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broken houses, pension funds, cooperatives, associations, and other financial institutions.  Type of account or instrument closed, sold, moved, or transferred?	Par	t 8: List of Certain Financial Accounts, Instr	uments, Safe Deposi	t Boxes, and Stor	age Units					
Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transport transport control of the control of	20.	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No								
		Address (Number, Street, City, State and ZIP	•		clo mo	sed, sold, oved, or	Last balance before closing or transfer			

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Case number (if known)

21.	Do you now have, or did you have within 1 yea	ır before you filed for bankruptcy, aı	ny safe deposit box or other deposite	ory for securities,
	cash, or other valuables?			
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or p	place other than your home within 1	year before you filed for bankruptcy	
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	19: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	Give Details About Environmental Inform	nation		
For	the purpose of Part 10, the following definitions	s apply:		
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, ground	<del>-</del> •	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	s defined under any environmental	law, whether you now own, operate,	or utilize it or use
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of an	y release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Debtor 1 Allen B. Mansfield

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No   Yes. Fill in the details.   Case Title   Case Number   Name   Address (Number, Street, City, State and ZP Code)	Debtor '	Allen B. Mansfield		Case number (if known)							
Yes. Fill in the details.   Case Title   Court or agency   Name   Address (Number, Street, City, State and ZP) Code)   Case Number   Status of case   Status of the following connections to any business:   Status											
Yes. Fill in the details.   Case Title   Case Number   C	26. Hav	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.									
Case Title Case Number Case Number Case Number Case Number Case Number Address; (Number, Street, City, State and ZIP Code)  Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business:  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes, Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Do not include Social Security number or Dates business existed  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all fina institutions, creditors, or other parties.  No Yes, Fill in the details below. Name Address Date Issued Address Business and I declare under penalty of perjury that the ana retrue and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in contribute bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 2 Signature of Debtor 2 Signature of Debtor 1  Date March 18, 2016 Date Date No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?		■ No									
Case Number    Case   Name   Address (Number, Street, City, State and ZIP Code)				N	0						
Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business:   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name Address (Number, Street, City, State and ZIP Code)   Name of accountant or bookkeeper   Do not include Social Security number or D			Name Address (Number, Street, City,	Nature of the case	Status of the case						
A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name Address (Number, Street, City, State and ZIP Code)   Describe the nature of the business Name Address (Number, Street, City, State and ZIP Code)   Name of accountant or bookkeeper   Do not include Social Security number or Dates business existed	Part 11	Give Details About Your Business or	Connections to Any Business								
A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name Address (Number, Street, City, State and ZIP Code)   Describe the nature of the business Name Address (Number, Street, City, State and ZIP Code)   Name of accountant or bookkeeper   Do not include Social Security number or Dates business existed	27. Wit	hin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?									
A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name Address   Describe the nature of the business   Address   Name of accountant or bookkeeper   Do not include Social Security number or Dates business existed   Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all fina institutions, creditors, or other parties.   No		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.											
An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name Address (Number, Street, City, State and ZIP Code)   Describe the nature of the business Address (Number, Street, City, State and ZIP Code)   Name of accountant or bookkeeper   Do not include Social Security number or Dates business existed   No											
An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name Address (Number, Street, City, State and ZIP Code)   Describe the nature of the business Name of accountant or bookkeeper   Do not include Social Security number or Dates business existed   No		_									
No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Describe the nature of the business Name of accountant or bookkeeper  Do not include Social Security number or Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all final institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  Date Issued  Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  Date Issued  Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  Signature of Debtor 1  Date March 18, 2016  Date  Date  March 18, 2016  Date  Dot you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)?  No Yes  Dot you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?											
Yes. Check all that apply above and fill in the details below for each business.   Business Name Address (Number, Street, City, State and ZIP Code)   Describe the nature of the business Name of accountant or bookkeeper   Do not include Social Security number or Dates business existed	_										
Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Describe the nature of the business Name of accountant or bookkeeper  Do not include Social Security number or Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all final institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  Date Issued  Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  Lave read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the ansare true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in commit a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18. U.S.C. §§ 152, 1341, 1519, and 3571.  18. Allen B. Mansfield  Allen B. Mansfield  Signature of Debtor 2  Signature of Debtor 1  Date  March 18, 2016  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	_										
Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Do not include Social Security number or Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all final institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Date Issued  Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  In ave read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the ansare true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in contwith a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is U.S.C. §§ 152, 1341, 1519, and 3571.  Is/s/ Allen B. Mansfield  Allen B. Mansfield  Signature of Debtor 2  Signature of Debtor 1  Date  March 18, 2016  Date  Date  No No No No					er						
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all final institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)  Date Issued  No Address (Number, Street, City, State and ZIP Code)  Date Issued  Affairs and any attachments, and I declare under penalty of perjury that the ansare true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in contwith a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is U.S.C. §§ 152, 1341, 1519, and 3571.  Is/Allen B. Mansfield Allen B. Mansfield Signature of Debtor 2  Signature of Debtor 1  Date March 18, 2016 Date Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)? No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? No	Ad	dress		Do not include Social Security							
Address (Number, Street, City, State and ZIP Code)  Part 12: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answer true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in conswith a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is U.S.C. §§ 152, 1341, 1519, and 3571.  Is/Allen B. Mansfield  Allen B. Mansfield  Signature of Debtor 2  Signature of Debtor 1  Date  March 18, 2016  Date  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No  Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?		titutions, creditors, or other parties.	tcy, did you give a financial statement	to anyone about your business? Inc	lude all financial						
have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the ansare true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in conrewith a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is U.S.C. §§ 152, 1341, 1519, and 3571.  Is/A Allen B. Mansfield  Allen B. Mansfield  Signature of Debtor 2  Signature of Debtor 1  Date  March 18, 2016  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No  Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	Ad	dress	Date Issued								
have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the ansare true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in conrewith a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Is U.S.C. §§ 152, 1341, 1519, and 3571.  Is/A Allen B. Mansfield  Allen B. Mansfield  Signature of Debtor 2  Signature of Debtor 1  Date  March 18, 2016  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No  Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?		_									
Allen B. Mansfield Signature of Debtor 2  Date March 18, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	have re are true with a ba 18 U.S.C	ead the answers on this <i>Statement of Fi</i> , and correct. I understand that making a ankruptcy case can result in fines up to c. §§ 152, 1341, 1519, and 3571.	false statement, concealing property,	or obtaining money or property by fi							
Signature of Debtor 1  Date March 18, 2016  Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No □ Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No			Signature of Debtor 2								
Did you attach additional pages to <i>Your Statement of Financial Affairs for Individuals Filing for Bankruptcy</i> (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No			<b>5</b>								
■ No □ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No	Date	March 18, 2016	Date								
☐ Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No	Did you	attach additional pages to Your Statem	ent of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form	107)?						
Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No	_										
■ No	⊔ Yes										
	_ ′	pay or agree to pay someone who is no	t an attorney to help you fill out bankru	uptcy forms?							
- 100. Name of 1 closes Machine Barmaploy 1 classific Notice, 2 contration, and originature (clinical terms 110).		Name of Person Attach the Bankri	uptcy Petition Preparer's Notice, Declarati	ion, and Signature (Official Form 119).							

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Fill in this inform	mation to identify you	r case:			
Debtor 1	Allen B. Mansfie				
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS		
Cana awakan					
Case number (if known)					☐ Check if this is an amended filing
■ creditors have ■ you have leas You must file thi whiche on the	ever is earlier, unless form eople are filing togeth	our property, or and the lease has r within 30 days after the court extends the		nd copies to the cre	editors and lessors you list
_	nd date the form.				
	and accurate as poss our name and case n		s needed, attach a separate sheet to	o this form. On the	top of any additional pages,
Part 1: List Yo	our Creditors Who Ha	ve Secured Claims			
1. For any credite		Part 1 of Schedule I	D: Creditors Who Have Claims Secu	red by Property (Of	fficial Form 106D), fill in the
	editor and the property	that is collateral	What do you intend to do with th secures a debt?	e property that	Did you claim the property as exempt on Schedule C?
Creditor's <b>F</b>	ord Motor Credit		☐ Surrender the property.		□ No

Creditor's **Ford Motor Credit** 

> 2016 Ford Fusion 1000 miles Location: 809 Cambridge Dr.,

Batavia IL 60510 securing debt:

Auto Lease

**Nationstar Mortgage** ■ Surrender the property.

> ☐ Retain the property and redeem it. ☐ Retain the property and enter into a

Description of 809 Cambridge Dr. Batavia, IL Reaffirmation Agreement. 60510 Kane County property ☐ Retain the property and [explain]:

securing debt:

name:

property

Creditor's

name:

Description of

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Surrender the property.

☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

Will the lease be assumed?

Yes

☐ No

Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Del	btor 1	Allen B. M	Mansfield		Case number (if known)			
Lessor's name:		ame:	Ford Motor Credit			_	No	
							Yes	
	scription perty:	n of leased	Lease of 2016 Ford Fusio	n				
Les	ssor's n	ame:	Lexinton Healthcare Assi	sted Living			No	
							Yes	
Description of leased Property:  Debtor recently entered into a contrct for ass Lexington					g services with			
Pai	rt 3:	Sign Below						
			ıry, I declare that I have indica ct to an unexpired lease.	ted my intention about any proper	ty of my estate that sec	cur	es a debt and any personal	
X		/s/ Allen B. Mansfield		X				
Allen B. Mansfield Signature of Debtor 1		Signature of	Debtor 2					
	Date	March	18, 2016	Date				

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-09438 Doc 1 Filed 03/18/16 Entered 03/18/16 14:57:46 Desc Main Document Page 54 of 61

B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court** Northern District of Illinois

In re	Allen B. Mansfield		Case N	Vo	
		Debtor(s)	Chapte	er <b>7</b>	
	DISCLOSURE OF COM	IPENSATION OF ATTOR	RNEY FOR	DEBTOR(S)	
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. Pompensation paid to me within one year before the rendered on behalf of the debtor(s) in contemple.	e filing of the petition in bankruptcy,	or agreed to be p	oaid to me, for service	
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have rece	eived	\$	1,500.00	
	Balance Due		\$	0.00	
2. \$	335.00 of the filing fee has been paid.				
3. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. <b>I</b>	I have not agreed to share the above-disclosed	compensation with any other person	unless they are n	nembers and associa	tes of my law firm.
[	☐ I have agreed to share the above-disclosed concopy of the agreement, together with a list of t				my law firm. A
6. I	in return for the above-disclosed fee, I have agree	d to render legal service for all aspects	s of the bankrupt	cy case, including:	
b c	<ul> <li>Analysis of the debtor's financial situation, and</li> <li>Preparation and filing of any petition, schedule</li> <li>Representation of the debtor at the meeting of of</li> <li>[Other provisions as needed]</li> </ul>	s, statement of affairs and plan which	may be required	;	bankruptcy;
7. E	By agreement with the debtor(s), the above-disclos	sed fee does not include the following	service:		
		CERTIFICATION			
	certify that the foregoing is a complete statement ankruptcy proceeding.		payment to me for	or representation of	the debtor(s) in
	arch 18, 2016	/s/ Kent A. Gaertn			
Do	ate	Kent A. Gaertner			
		Signature of Attorne <b>Kent A. Gaertner</b>			
		300 S. County Far			
		Suite I	_		
		Wheaton, IL 6018 (630) 510-0000 F		0004	
		kgaertner@spring			
		Name of law firm	go. 2. 0		

# Kent A. Gaertner, P.C. Springer Brown, LLC

### PERSONAL CHAPTER 7 ADVANCE PAYMENT RETAINER AGREEMENT

The undersigned, **ALLEN MANSFIELD** hereinafter referred to as "Client", agrees to employ Kent A. Gaertner P.C. and Springer, Brown LLC., hereinafter referred to as "Attorney," to render legal services in connection with filing a Chapter 7 bankruptcy for Client, and hereby empowers and authorizes Attorney to do all things, in their sole discretion, reasonably necessary to bring the matter to a successful conclusion. Client acknowledges that the following advance payment retainer agreement has been fully explained, and Client agrees to pay said fees and costs in consideration of legal services rendered or to be rendered.

Client agrees to pay Attorney a fee of \$1,500.00 for the services set forth below. In addition, Client agrees to pay all costs, including the filing fee for the bankruptcy of \$335.00. All checks should be made payable to "Kent A. Gaertner P.C.".

#### RETAINER

This retainer agreement is an advance payment retainer agreement. The funds Client has agreed to pay Attorney shall be deposited in the Kent A. Gaertner P.C. operating Account and ownership of said funds shall pass to Kent A. Gaertner P.C. immediately upon payment. The special purpose for this advance payment retainer is to allow Client to retain Attorney to represent him against creditors without fear that his retainer may be subject to the claims of his creditors or a bankruptcy trustee. Client understands that it is advantageous to treat this retainer as an advance payment retainer in that it protects the funds paid to Attorney from the claims of his creditors.

Alternatively, as our client, it is your option to have your money placed into a security retainer. If this retainer were treated as a security retainer said funds would remain the property of Client be deposited into our Trust Account and therefore subject to the claims of the Client's creditors. The choice of the type of retainer to be used is yours alone. However, the Attorney may choose not to take on this representation if the client requires the retainer funds be placed in a security retainer account.

Client agrees that should Client decide not to file bankruptcy or not to continue using Attorney's services, Attorney may charge against any retainer paid the amount of \$350.00 per hour for all services rendered to date, plus actual costs incurred. The

client specifically agrees that once the initial draft of the bankruptcy petition has been substantially completed, the entire retainer paid shall be deemed as fully earned by the Attorney regardless of whether the Client decides to file the bankruptcy case or not.

#### **SCOPE OF REPRESENTATION**

It is understood that the above referenced flat fee is payment for services rendered and services to be performed. The services include: review of financial status; review of various documents related to debts and obligations; specific advice regarding how to avoid bankruptcy and alternatives to bankruptcy; counseling as to various types of bankruptcy chapters; available exemptions; effect of reaffirmations of debts and completion of reaffirmation agreements presented by creditors if necessary, complete drafting of all required bankruptcy documents; revision and redraft of final bankruptcy documents; attending creditors' meeting, responding to requests for additional information by Trustee or creditors, enforcement of the Automatic Stay, and closing the file. The representation of the client shall terminate upon entry of an order of discharge or the closing of the case, whichever shall first occur.

Client acknowledges that additional attorney's fees will be required should further representation, outside the scope of services listed above, become necessary, including, but not limited to, any Bankruptcy Rule 2004 examinations, redemptions, avoiding liens, surrendering property, any adversary proceedings, objections to discharge or dischargeability, objections to claims of exemption, Trustee audit, or any other action, hearing or representation that is not specified in the preceding paragraph of this agreement. Said additional representation shall be covered by a separate legal services agreement and will require an additional retainer.

#### **CLIENT OBLIGATIONS**

Client agrees to fully cooperate in the preparation of the bankruptcy case, to answer all questions truthfully and completely and to provide true and accurate information or documents, to appear for the creditors' meeting, depositions and court appearances and to comply with all reasonable requests made in preparation of this bankruptcy case. Failure to cooperate may result in Court-imposed sanctions and/or Attorney's withdrawal from the case.

Client understands that he shall receive copies of all documents related to his file. Client should retain those documents as his copy of his file. Should Client require additional copies of the Attorney's file, Client understands that he will be charged for those copies.

Client understands that his file shall be kept no more than five years. Should Client require copies of any documents or the return of original documents provided to

Attorney he must request those copies in writing before the expiration of that five-year period.

Client understands that it is the Client's responsibility to provide Attorney with a complete and accurate list of creditors and other information requested on Attorney's Debt Listing Sheet and Questionnaire. The Client further understands that any debts not listed in his bankruptcy schedules may not be discharged. If Client fails to provide Attorney with all information necessary to prepare the necessary documents and said failure necessitates the amending of the schedules or Statement of Financial Affairs, Client agrees to pay an additional \$100.00, plus any applicable filing fee, to cover the fees and costs of said amendment.

#### **ADDITIONAL PROVISIONS**

The fees charged in connection with this bankruptcy and for bankruptcy issues only. They do not included resolution of any matters involving loan modifications, foreclosure defense and credit reporting or information.

It is agreed that upon the event of any default or breach of any kind under this agreement by Client, Attorney reserves the right to withdraw as counsel of record for Client. It is further agreed that Client shall not have any recourse or claim against Attorney for damages following the withdrawal of Attorney as Client's counsel. All representation of Client by Attorney shall be terminated by the discharge or closing of Client's bankruptcy case, whichever shall first occur.

In some cases it may be necessary to hire an attorney outside Attorney's firm. This attorney will be paid out of the retainer paid to Attorney. Client expressly consents to the hiring of an outside attorney to cover court dates as needed.

This constitutes the entire agreement between the Attorney and Clients regarding attorneys' fees and/or services provided in the engagement, the parties agree to resolve that dispute through mediation, followed by arbitration before any suit is filed.

Attorney is a debt relief agency and helps people file for relief under the Bankruptcy Code.

#### **Special Financial Management Course Notice**

Client MUST provide Attorney with a copy of Client's Certificate of Completion of Financial Management Course. If Client fails to ensure that Attorney has received and filed the required Certificate of Completion of Financial Management Course, the Client shall be responsible for payment of the case reopening fee and additional Attorney's fees of \$500.00 for filing a motion to reopen the case and file said certificate. Attorney is under no obligation to file any motion to reopen Client's case until the above referenced fees and costs are paid.

X. Alh D. Newsper

By Client's signature below, Client acknowledges understanding the terms of this agreement and agrees to abide by its provisions. Client has received a copy of this agreement for his records no later than five business days after the first date on which the Attorney provided any bankruptcy assistance services to client.

Dated:

Xalla B. Dranjus

Client

Attorney

## **United States Bankruptcy Court Northern District of Illinois**

		_ , ,		
In re	Allen B. Mansfield		Case No	
		Debtor(s)	Chapter	
	VF	CRIFICATION OF CREDITOR M	IATRIX	
	<b>\1</b>	and learned of execution is		
		Number of	Creditors:	17
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	tors is true and corr	ect to the best of my
Date:	March 18, 2016	/s/ Allen B. Mansfield Allen B. Mansfield		

American Express P.O. Box 0001 Los Angeles, CA 90096

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285

Chase P.O. Box 9001020 Louisville, KY 40290-1020

Chase P.O. Box 15123 Wilmington, DE 19850-5123

Chase P. O. Box 15123 Wilmington, DE 19850-5123

Citi P.O. Box 6500 Sioux Falls, SD 57117

Discover P.O. Box 6103 Carol Stream, IL 60197-6103

Ford Motor Credit P.O. Box 790093 Saint Louis, MO 63179 Ford Motor Credit P.O. Box 790093 Saint Louis, MO 63179

Lexinton Healthcare Assisted Living 555 Foxworth Blvd. Lombard, IL 60148

Nationstar Mortgage P.O. Box 619063 Dallas, TX 75261-9063

Peter and Sharon Gelbwaks 397 Fan Palm Way Plantation, FL 33324

Synchony Bank/Care Credit P.O. Box 960061 Orlando, FL 32896

Wells Fargo P.O. Box 660553 Dallas, TX 75266